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(Address)		
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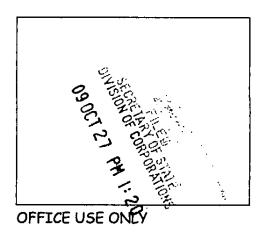
TO ACKNOWLEDGE SUFFICIENCY OF FILING DEPARTMENT OF STATE OF STATE OF CORPORATION OF CORPORATION OF CORPORATION OF THE PROPERTY OF T

B. KOHR
OCT 2 7 2009
EXAMINER

OIVISION OF CORPORATIONS

09 OCT 27 PM 1:20

FLORIDA RESEARCH & FILING SERVICES, INC. 1211 CIRCLE DRIVE TALLAHASSEE, FL 32301 PHONE (850)656-6446



WALK-IN

ENTITY NAME:

MRE-TN REAL ESTATE, LLC

CK# 4185

AMOUNT \$125.00

PLEASE FILE THE ATTACHED ARTICLES & RETURN THE FOLLOWING:

CERTIFIED COPY

XXX STAMPED COPY

CERTIFICATE OF STATUS

Examiner's Initials

ARTICLES OF ORGANIZATION	FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Cor	mpany is:
MRE-TN Real Estate, LLC	
(Must end with the words "Li	mited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address Principal Office Address:	s of the principal office of the Limited Liability Company is: Majling Address:
145 Governors Way	Same
Brentwood, Tennessee 37027	
NRAi Services, Inc.	

Name 2731 Executive Park Drive, Suite 4

Florida street address (P.O. Box NOT acceptable)

Weston 33331 City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S., NRAI Services, Inc.

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
Managing Member	Stephen Mann
	145 Governors Way
	Brentwood, Tennessee 37027
7000	
(Use attachment if necessary)	
DTICI V. Refeative data if other than	the date of filing: (OPTIONAL)
If an effective date is listed, the date mus o or 90 days after the date of filing.)	it be specific and cannot be more than five business days prior
NACHTANA (KON) (MITA)	
REQUIRED SIGNATURE:	
	es Sa la U
	John John

Signature of a member or an adthorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

George M. Johnson, Attorney

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)